Bureau of TennCare
IS Policy Manual

Last Revised--11/17/06

Policy No: BTC-Pol-Enc-200608-002	
Subject: Provider Identification Usage on Submitted Transactions	
Approval: Encounter Policy Workgroup	**Date:** 11/17/2006

PURPOSE OF THE POLICY STATEMENT: To clarify TennCare's position regarding the placement of provider identification numbers on the Managed Care Contractors (MCCs) encounter claim transactions. This policy will provide clarification on the use of Billing Provider, Pay-To Provider, Attending Provider, Rendering Provider, Prescribing Provider and Referring Provider.

POLICY:
With the implementation of HIPAA claim transactions the placement of provider numbers within the encounter transaction was redefined. In the interest of receiving more consistent data we have clarified the previous X12 and NCPDP specifications for reporting provider numbers.

General Requirements:

1. The submitter ID must be the MCCs ID number.
2. Standard lengths for provider numbers:
   - Provider's Medicaid ID Length: 7
   - Provider's SSN Length: 9
   - Provider's Medicare ID Length: 7
   - Provider's TAX ID EIN Length: 9
   - Provider's NCPDP ID Length: 7
   - Provider's DEA ID Length: 9
   - Provider NPI ID Length: 10

MCC TennCare ID Length: 1 to 15

Professional

1. Billing Provider:
    - The entity billing for the service and receiving payment should be entered as the Billing Provider.
    - In cases where the Billing and Rendering provider are the same, the Rendering (Performing) Provider information is not required.
2. Pay-To-Provider: This information is required if the Pay-To-Provider is different than the Billing Provider.
3. Performing Provider:
    - The entity performing the service should be entered as the Rendering (Performing) Provider.
    - If the Billing Provider belongs to a group for the date of service, and Rendering Provider number is not present, the claim is in error.
4. Referring Provider 1:
    - The entity that referred the patient should be entered as the Referring Physician.
    - If the Referring Physician number is not on the provider base file, the claim is in error.
    - If the Referring Provider ID is the same as the Billing Provider ID the claim is in error.
5. Referring Provider 2:
    - If the Referring Physician number is not on the provider base file, the claim is in error.
    - If the Referring Provider ID is the same as the Billing Provider ID the claim is in error.

Dental

1. Billing Provider:
    - The entity billing for the service and receiving payment should be entered as the Billing Provider.
    - In cases where the Billing and Rendering provider are the same, the Rendering (Performing) Provider information is not required.
    - The Billing Provider ID number must be present on the provider base file for the claim dates of service or the claim is in error.
2. Pay-To-Provider: This information is required if the Pay-To-Provider is different than the Billing Provider.
3. Performing Provider:
    - The entity performing the service should be entered as the Rendering (Performing) Provider.

- If the Billing Provider belongs to a group for the date of service, and Rendering Provider number is not present, the claim is in error.

4. Referring Provider 1:
    - The entity that referred the patient should be entered as the Referring Physician.
    - If the Referring Physician ID number is not on the provider base file, the claim is in error.
    - If the Referring Provider ID is the same as the Billing Provider ID the claim is in error.
5. Referring Provider 2:
    - The second entity that referred the patient should be entered as the Referring Physician.
    - If the Referring Physician ID number is not on the provider base file, the claim is in error.
    - If the Referring Provider ID is the same as the Billing Provider ID the claim is in error.

Institutional

1. Billing Provider:
    - The entity billing for the service and receiving payment should be entered as the Billing Provider.
    - The Billing Provider ID number must be present on the provider base file for the claim dates of service or the claim is in error.
2. Pay-To-Provider: This information is required if the Pay-To-Provider is different than the Billing Provider.
3. Attending Provider:
    - The entity performing the service should be entered as the Attending Provider.
    - The Attending Physician ID number must be present on the provider base file or the claim is in error.
4. Other Provider 1:
    - This field is optional.
    - The detail first Other Physician ID number must be on the provider file or the claim is in error.
5. Other Provider 2:
    - This field is optional.
    - The detail second other physician ID number must be on the provider file or the claim is in error.

Pharmacy

1. Billing Provider:
    - The entity billing for the service and receiving payment should be entered as the Billing Provider.

- The Billing Provider ID number must be present on the provider base file for the claim dates of service or the claim is in error.

2. Pay-To-Provider: This information is required if the Pay-To-Provider is different than the Billing Provider.
3. Performing Provider:
    - The entity providing the service should be entered as the Rendering (Performing) Provider.
    - If the billing provider belongs to a group for the date of service, and rendering provider number is not present, the claim is in error.
4. Prescribing Provider :
    - The entity who prescribed the pharmaceutical should be entered as the Prescribing Provider.
    - If the claim is a pharmacy or compound claim and the NDC is a Federal (prescription) drug, and there is no Prescribing Physician license number on the claim, the claim is in error.

Exceptions:

None

REFERENCE DOCUMENTS:

HIPAA Implementation Guides
TennCare HIPAA EDI Companion Guides

OFFICES OF PRIMARY RESPONSIBILITY:

- TennCare IS Division—to ensure that encounters are submitted to TennCare in the approved format
- Information Systems Management Contractor – to process encounters through the TCMIS system
- MCCs - to follow transaction requirements